

Rural District of Launceston



ANNUAL REPORT

Of the

Medical Officer of Health

For the

Year 1948.

To the Chairman and Councillors of the Rural District of Launceston

MR. CHAIRMAN AND GENTLEMEN :

In accordance with the Ministry of Health's circular 3/49 of the 17th January, I have the honour to present the Annual Report on the Health and Sanitary Conditions of the District for the year 1948.

I assumed my duties as your full-time Medical Officer of Health on the 1st August, 1948 from your previous Medical Officer, Dr. Robson, who was also a General Practitioner.

The vital statistics of the District can be regarded as satisfactory. The sanitary circumstances of this Rural District, however, are very backward. With one very small exception, there is no public sewer in the whole of this very large rural area. As will become apparent from reading this Report, there are many parishes in which the water supply is not only difficult to obtain, but is also highly dangerous to drink. It is urged that the Council give urgent and serious consideration to the problems of drainage and sewerage and pure, piped water supplies.

This District is almost entirely agricultural and as, in the future, this Nation will depend more on agriculture than ever before in its history, it is my opinion that it is more essential to provide the basic amenities of life in districts like this, than in many other parts of the Country if we are to attract the labour necessary to produce the food this Country needs.

The Council's Housing Programme is proceeding too slowly for the needs of the population. Many houses exist in this District which are only fit for condemnation, and the conditions under which some people live, may only be described as appalling.

I wish to thank your Sanitary Inspector for his unfailing assistance given to me in my work. Many of the facts and figures in this Report are the result of his careful and conscientious carrying out of his duties in this large Rural District. But for his help and that of his staff, it would not have been possible for me to carry out my duties.

I am, Gentlemen,

Your obedient Servant,

L. RICH

Medical Officer of Health.

*Health Area Office,
Castle Green,
LAUNCESTON.
October, 1949.*

LAUNCESTON RURAL DISTRICT COUNCIL.

CHAIRMAN OF THE COUNCIL :

P. B. UGLOW, Esq.

VICE-CHAIRMAN OF THE COUNCIL :

W. T. STROUT, Esq.

MEMBERS OF THE PUBLIC HEALTH COMMITTEE :

Messrs. E. C. Chudleigh, G. Sandercock, C. L. Symons,
W. C. Statton, T. W. Strout, G. L. Treleaven, F. Broad,
H. R. Jones, C. Venning, W. H. Veale, J. E. Heard,
A. W. Henwood.

The Chairman is an Ex-Officio Member of the
Public Health Committee.



Public Health Officers of the Local Authority :

MEDICAL OFFICER OF HEALTH :

L. RICH,
M.B., CL.B., M.R.C.O.G., D.P.H.

Also holds Appointments of

Medical Officer of Health, Launceston Borough

„ „ „ Bude-Stratton U.D.

„ „ „ Stratton R.D.

„ „ „ Camelford R D.

Assistant County Medical Officer.

Assistant School Medical Officer.

SANITARY INSPECTOR :

T. A. JUDD, M.S.I.A.

SANITARY INSPECTOR'S ASSISTANT :

L. W. BLAKE

SECTION A

Social Conditions of Area and Statistics

SUMMARY OF VITAL STATISTICS

Area in acres	...	...	...	...	...	...	73,051
Population	...	...	...	...	...	...	6,546
No. of separate dwellings occupied in 1948					...	...	1,883
Rateable value in 1948	...	...	...	...	...	...	£25,507
Product of ld. rate	...	...	...	...		£101 3s. 3d.	

Live Births

					Total	Male	Female
Legitimate	...	...	...	...	88	47	41
Illegitimate	...	...	...	...	6	3	3
Birth rate per 1,000 of population	...	...	...	...	...	...	14.36

Stillbirths

					Total	Male	Female
Legitimate	...	...	...	...	3	2	1
Illegitimate	...	...	...	...	—	—	—

Deaths of infants under 1 year

					Total	Male	Female
Legitimate	...	...	...	...	2	2	—
Illegitimate	...	...	...	...	—	—	—
Infant Mortality Rate	...	...	...	...	...	...	21.27

Death of all Causes

					Total	Male	Female
					65	35	30
Death rate per 1,000 of the population	...	...	...	...	...	...	9.93

The registered causes of death were :

	Causes of Death	Males	Females	Total
1.	Typhoid and Paratyphoid fevers	—	—	—
2.	Cerebro-spinal fever	—	—	—
3.	Scarlet fever	—	—	—
4.	Whooping cough	—	—	—
5.	Diphtheria	—	—	—
6.	Tuberculosis—respiratory	2	1	3
7.	Tuberculosis—other forms	—	—	—
8.	Syphilitic diseases	—	—	—
9.	Influenza	—	—	—
10.	Measles	—	—	—
11.	Acute Poliomyelitis—Polio Encephalitis ...	—	—	—
12.	Acute infectious Encephalitis	—	—	—
13.	Cancer of buccal cavity and oesophagus ...	—	2	2
14.	Cancer of stomach and duodenum	1	—	1
15.	Cancer of breast	—	2	2
16.	Cancer of all other sites	3	1	4
17.	Diabetes	1	—	1
18.	Intra-cranial vascular lesions	7	1	8
19.	Heart disease	9	8	17
20.	Other diseases of circulation	1	1	2
21.	Bronchitis	1	3	4
22.	Pneumonia	3	1	4
23.	Other respiratory diseases	—	—	—
24.	Ulcer of stomach or duodenum	—	—	—
25.	Diarrhoea (under 2 years)	—	—	—
26.	Appendicitis	—	—	—
27.	Other digestive disorders	1	—	1
28.	Nephritis	1	—	1
29.	Puerperal and post abortive sepsis	—	—	—
30.	Other maternal causes	—	1	1
31.	Premature birth	—	—	—
32.	Congenital malformation : birth injury : infantile disorders	1	—	1
33.	Suicide	1	—	1
34.	Road Traffic Accidents	—	—	—
35.	Other violent causes	—	1	1
36.	All other causes	3	8	11

SECTION B

General Provision of Health Services

(a) LABORATORY FACILITIES

The National Health Service Act provides a Public Health Laboratory Service to cover Cornwall. This is a marked step forward, as previously the cost of sampling and swabbing had fallen heavily on Local Authorities where in rural areas a considerable amount of sampling was involved. Laboratories have now been established in Truro and Exeter and all swabs and samples are sent to one or other of these Laboratories, whichever is more convenient.

Bacteriological analyses of milk, water and ice-cream are undertaken free of charge.

(b) HOSPITAL AND CLINIC FACILITIES

Infectious diseases cases requiring isolation in hospital are admitted to Swilley Hospital in Plymouth. Specialist Clinics are being established in Launceston to obviate the need for patients undertaking the long journey to Plymouth or Exeter. It is hoped in the near future to have every type of clinic available in Launceston. The following clinics are at present available :

Ear, Nose and Throat
Chest
Medical
Cancer follow-up
Dermatological
Ante-natal
Minor Ailments
Orthopaedic
Infant Welfare

(c) AMBULANCE FACILITIES

The County Council, in accordance with the provision of the National Health Service Act, 1948, are now responsible for the administration of the Ambulance Service.

Agreement has been reached with the St. John Ambulance Service, and a scheme evolved whereby the County Council is responsible for a proportion of the Ambulance Service and the St. John for the remainder. The County Council has acquired a certain number of ambulances formerly the property of the St. John, and has provided full-time drivers. The County Ambulances and their drivers are operating the service during the hours of 7 a.m. to 7 p.m. in their Main Centres. Apart from the initial difficulty inherent in any new scheme, the service is working well, having regard to the very much increased number of calls on it since the inception of the new Act.

(d) HOSPITAL CAR SERVICE

Where a district is situated far from the main Hospital Centres, it is essential to provide a Hospital Car Service to enable patients to attend Hospital for consultation and treatment. Although a Hospital Car Service existed before the advent of the National Health Service Act, this Service has increased considerably.

A panel of voluntary car drivers has been established to carry out this service, and they are paid a mileage rate by the County Council.

SECTION C

Sanitary Circumstances of District

DRAINAGE AND SEWERAGE

The only public sewer in the whole Rural District is at Stokeclimsland where the school and a limited number of properties in the village drain into the Council's sewer which empties into a septic tank with an overflow into a stream. The unsatisfactory drainage conditions coupled with the methods of disposal of nightsoil in some of the larger villages are a danger to health. In 1947 the Council instructed Mr. A. H. S. Waters of Birmingham to prepare sewerage schemes for the following villages :

Five Lanes and Altarnun

North Hill

Stokeclimsland and Venterdon

South Petherwin and Daw's House.

These schemes have been approved in principle by both the Ministry of Health and Cornwall County Council.

It is to be hoped that early agreement will be reached with the owners for the purchase of the land on which these disposal works are to be sited in order that the necessary Public Inquiry may be held.

The long delay in connection with these schemes is a matter of considerable anxiety in view of the grave danger to health which exists in the villages concerned.

There are no less than 1,177 dwellings in the district without a drain or with unsatisfactory drainage. This represents about 84.6% of the total houses surveyed.

There are many minor outbreaks of diarrhoea and vomiting which occur during the summer months, whose origin is almost certainly due to the absence of proper drainage and sewerage. These cases are not normally notified, but in the course of my work, they are continually being brought to my notice. In addition, Infantile Paralysis is definitely more common in proportion to the population in rural districts than in the more densely populated areas which have proper sanitation. There is no doubt that there is a close relationship between Infantile Paralysis and the absence of proper sanitation.

WATER SUPPLY

Thirteen samples of water were submitted for bacteriological and chemical analysis with the following results :

Satisfactory	...	...	...	...	5
Doubtful	...	...	...	...	1
Contaminated and unsafe for drinking	...				7

One of the contaminated supplies was Holmbush village, where the Council obtained a pipes supply from the Kelly Bray Water Company and fixed a standpipe for the village.

The public wells at Higherland and Higher Tutwell were protected against surface water contamination and lift-and-force pumps fixed. The Higherland supply failed during the Summer and water had to be carted to the village.

It was in 1944 that the Launceston Borough and Rural Council first discussed the possibility of a Joint Water Scheme for the two districts, the suggested sources of supply being at Carne Down and Bowithick.

The preliminary details of this scheme were prepared by the Council's Consulting Engineer. The scheme has been approved by both Councils and, in principle, by both the Ministry of Health and Cornwall County Council. With the urgency for such a scheme fully appreciated it is most regrettable that there should be delay in the two Councils coming to agreement with regard to jointly instructing the Consulting Engineer to prepare the scheme in detail.

No less than 723 householders have to fetch water for a distance of 20 yards or more, this represents 52.0% of the houses surveyed.

With existing polluted water supplies and defective drainage it cannot be over-emphasised that the danger of a serious epidemic from water-borne infectious disease is always present. This applies especially in the case of some of the larger villages and in certain of the schools.

The following village water supplies have been known, from time to time, to be polluted :

South Petherwin, Lawhitton, Five Lanes, Lower Downgate, Lewannick, Altarnun and North Hill.

This is a deplorable state of affairs and it is no use arguing that because the village people have been drinking this water for years, it does not do them any harm. Medical Science has proved that people drinking impure water supplies suffer from a variety of chronic ailments, including Goitre. Furthermore, visitors come into the district drinking these waters for the first time and almost invariably suffer from Diarrhoea.

SCHOOLS

During the year a very thorough Survey of all the schools in the district was carried out from which the following information was derived :

Number of Schools	...	...	...	...	...	...	14
Number of Scholars	...	...	...	...	...	...	560
Schools without a water supply on the premises					...	...	4
Schools with flushed W.C.s	...	...	...	...	...	...	7
Schools with pail closets	...	...	...	...	...	...	7
Schools without a School Meals Service				...	...	...	7

A detailed copy of the report on each School, with suggestions for improvements, was considered by the Council and forwarded to the County Education Committee.

No action has yet been taken by the County Education Committee to improve the sanitation and hygiene in the Schools.

It is my considered opinion that training in elementary hygiene is just as important as reading and writing, and it is impossible to even commence doing this unless the basic essentials of drainage and pure water are laid on in each School.

SECTION D

Housing Survey

A complete survey of dwelling houses with a rateable value of £16 or lower has been completed. The number of dwellings inspected was 1,391, this representing about 72% of the total houses in the district.

The houses were classified into the following categories :

1. Houses in no need of repair	...	...	...	...	165
2. Houses in need of minor repairs	...	...	...	...	400
3. Houses in need of major repairs	...	...	...	...	664
4. Houses capable of being reconditioned under the Rural Workers Act	...	...	...	...	63
5. Number of houses considered incapable of repair at reasonable expense. Fit for demolition	...	...	...	...	99
Total					1,391

It is considered that when the time comes to deal with the house in Category 3 under Section 9 of the Housing Act, 1936, it will be found that, taking into account the added defects which will be found as the result of a more detailed inspection, together with the rising cost of labour and materials, many of the houses will not be capable of being rendered fit in all respects for human habitation at a reasonable expense. This will necessitate dealing with such houses under Section 11 of the Housing Act, 1936 and thereby increasing the number in Category 5.

In the future, when the provision of new Council houses is sufficiently far advanced, the Council will be faced with a fairly considerable programme of demolishing these worn-out and insanitary dwellings and bringing up to a requisite standard those houses in Categories 3 and 4

Much useful knowledge was gained by the Survey and the following information should be of interest :

1. Houses with one bedroom only	62	(4.5%)
2. Houses with two bedrooms only	713	(51.3%)
3. Houses with three or more bedrooms	616	(44.2%)
4. Houses occupied by one person only	106	(7.6%)
5. Tenancies existing prior to 1924	181	(13.0%)
6. Tenancies existing in 1900 and earlier	42	(3.0%)
7. Houses overcrowded	5	(0.4%)
8. Houses dirty	110	(7.9%)
9. Houses with ground floor rooms less than 6 ft. 6 ins. high	125	(9.0%)
10. Houses with first floor rooms less than 6 ft. 6 ins. high	308	(22.1%)
11. Houses without through ventilation on ground floor	473	(34.0%)
12. Houses without through ventilation on first floor	977	(70.2%)
13. Houses without through ventilation on both floors	443	(31.8%)
14. Houses without a washing copper	872	(62.7%)
15. Houses without a secondary access	404	(28.0%)
16. Houses without a ventilated larder	597	(42.9%)
17. Houses without a kitchen sink	1,160	(83.4%)
18. Houses with evidence of dampness	630	(45.3%)
19. Houses with water supply more than 20 yards from the dwelling	723	(52.0%)
20. Houses without drainage	1,177	(84.6%)
21. Houses with a privy midden only	98	(7.0%)
22. Houses with water closets	178	(12.8%)
23. Houses without closets or sharing closets	21	(1.5%)
24. Houses covered by Council's refuse collection	673	(48.4%)

In measuring for overcrowding ALL rooms in a house have to be taken into consideration and not actual the bedrooms accomodation only.

With 106 houses occupied by one person only, and in most cases an elderly person, a social problem of considerable importance is raised as to whether the Council should consider providing more suitable accommodation for some of these elderly people in which to live during their declining years. The age groups of persons over 70 years of age living alone are as follows :

Age years	70-74	75-79	80-84	85 and over	Total
Male	5	2	4	Nil	11
Female	8	9	7	8	32
	13	11	11	8	43

The following properties were dealt with during the year under the Public Health and Housing Acts :

1. Dwellings closed for human habitation and permitted to be used for agricultural stores	2
2. Dwellings closed for human habitation until satisfactory plans for reconditioning received	1
3. Cottage owner notified must not be re-let on becoming vacant	2
4. Formal notices under Public Health Act, 1936	6
5. Formal notices under Section 9, Housing Act, 1936	4
6. Informal notices	19

SECTION E

Inspection of Food

MILK PRODUCTION

Only one supplementary licence to retail Pasteurised milk is in force in the district.

The following licences under the Milk (Special Designations) Orders were issued during the year :

Tuberculin tested licences	5
Accredited licences	3

The total number of Designated licences in force at the end of the year are as follows :

Tuberculin tested	12
Accredited	30

With the exception of a few persistently unsatisfactory producers, there has been a slow improvement in standards of cleanliness and keeping qualities of the milk produced in the district.

The following is a list of the samples which failed :

1. One failure	...	...	...	...	...	...	...	7
2. Two failures	...	...	...	...	...	...	...	8
3. Three failures	...	...	...	...	...	...	...	3
4. Four failures	...	...	...	...	...	...	...	3
5. Five failures	...	...	...	...	...	...	...	1
6. Six failures	...	...	...	...	...	...	...	1

This latter producer has now given up milk production.

ICE-CREAM

One licence for pre-packed ice-cream was issued during the year. This is the only retailer in the district.

REFUSE COLLECTION

All the main villages and hamlets, representing about 50% of the houses in the district, are covered by a once monthly collection of refuse. This service costs the Council £273 a year or the equivalent of 2½d. rate. This is a very essential service, first started three years ago, I would suggest that the Council might with advantage consider making this a fortnightly service.

By arrangement with the Launceston Borough Council, all refuse is disposed of at the Borough refuse pit at the Old Slate Quarry.

SECTION F

Prevalence and Control of Infectious and Other Diseases

There are fewer infectious diseases notified in this district than actually occur. This is ascertained from the returns submitted to me by the School Teachers. Until such time that accurate returns are submitted to me of all infectious disease cases in this district, your Council will not be in a proper position to assess the prevalence of infectious diseases.

For the information of the Council, the following table shows the incidence of infectious diseases in the neighbouring districts during the period 1st July, 1948 to 31st December, 1948.

	Measles	Whooping Cough	Scarlet fever	Acute primary pneumonia	Malaria	Diphtheria	Puerperal Pyrexia	Pleurisy	Erysipelas	Cerebral spinal meningitis	Total
Launceston Borough ...	—	17	—	—	—	—	—	—	—	—	17
Launceston Rural District	6	47	1	—	—	—	—	—	2	—	56
Bude-Stratton Urban Dis.	—	1	2	—	—	—	—	—	—	—	3
Stratton Rural District	—	3	4	—	—	—	—	—	—	—	7
Camelford Rural District	7	84	2	3	—	3	1	1	—	1	102
Total	13	152	9	3	—	3	1	1	2	1	185

TUBERCULOSIS

All new cases of Tuberculosis, either respiratory or non-respiratory are reported to the County Medical Officer of Health. Institutional care, where considered necessary, is arranged by the County T.B. Officer, in the various Sanatoria at his disposal. The living conditions, etc., of persons subsequently discharged from these sanatoria are investigated by this Authority. If necessary, additional nourishment is provided in order to maintain their resistance to the disease.

During the year, there were six new cases of respiratory tuberculosis in the district.

The question of accommodating cases of tuberculosis in sanatoria is becoming very serious. Wards are being closed down in various sanatoria at our disposal, because of the absence of staff. With the bad housing conditions under which some of these cases remain at home, the spread of infection is very serious. Furthermore, the split between the local Health Authority and the Regional Hospital Board does not help in the control and limitation of this disease. The Medical Officers of the Regional Hospital Board, who handle the clinical side of these cases, are not in a position to know the home circumstances, and many cases are being kept at home which should have early admission to sanatoria.

DIPHTHERIA IMMUNISATION AND VACCINATION

With the new Health Service Act, the General Practitioners were asked to co-operate in a scheme of immunisation and vaccination and nearly all General Practitioners joined. It was generally understood that an additional payment would be made to the Practitioners for this service, but, to date, no agreement has been reached. The result is that your Medical Officer of Health no longer receives very many cards of cases done by General Practitioners. Although there is no doubt that General Practitioners are still carrying out Prophylactic services, it is not possible now to collect adequate records.

During the period 1st July, 1948 to 31st December, 1948 the number of Diphtheria immunisations was 49 and vaccinations 12.

